

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois, Eastern Division		Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Medellin, Jesus M Sr.		Name of Joint Debtor (Spouse) (Last, First, Middle):											
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):											
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-5490		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)											
Street Address of Debtor (No. and Street, City, and State): 1705 Kingston Carpentersville, IL		Street Address of Joint Debtor (No. and Street, City, and State):											
ZIP Code 60110		ZIP Code											
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business:											
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):											
ZIP Code		ZIP Code											
Location of Principal Assets of Business Debtor (if different from street address above):													
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).											
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).											
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>				<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>		<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Medellin, Jesus M Sr.**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Richard Jones June 26, 2009
 Signature of Attorney for Debtor(s) (Date)
 Richard Jones

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Medellin, Jesus M Sr.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jesus M Medellin, Sr.
Signature of Debtor Jesus M Medellin, Sr.

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 26, 2009

Date

Signature of Attorney*

X /s/ Richard Jones
Signature of Attorney for Debtor(s)

Richard Jones
Printed Name of Attorney for Debtor(s)

Jones & Hart
Firm Name
138 Cass St., Box 1693
Woodstock, IL 60098

Address

Email: richardtjones@ameritech.net

(815) 334-8220 Fax: (815) 334-8229

Telephone Number

June 26, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois, Eastern Division**

In re Jesus M Medellin, Sr.

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jesus M Medellin, Sr.
Jesus M Medellin, Sr.

Date: June 26, 2009

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re Jesus M Medellin, Sr.,
 Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	140,000.00		
B - Personal Property	Yes	3	4,635.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		144,382.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	36		250,014.80	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			853.42
J - Current Expenditures of Individual Debtor(s)	Yes	1			2,543.75
Total Number of Sheets of ALL Schedules		47			
Total Assets			144,635.00		
Total Liabilities				394,396.80	

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re Jesus M Medellin, Sr.,
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	853.42
Average Expenses (from Schedule J, Line 18)	2,543.75
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,689.49

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,098.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		250,014.80
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		251,112.80

B6A (Official Form 6A) (12/07)

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
8312 Nunda, Wonder Lake, IL	Joint tenancy with ex-wife	J	140,000.00	138,000.00

Sub-Total > 140,000.00 (Total of this page)

Total > 140,000.00

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account-Amcore Bank	H	200.00
		Savings account-McHenry Federal Credit Union	H	25.00
		Savings account-Fifth Third Bank	J	10.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods & furnishings-debtor's possession	H	200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Necessary wearing apparel	H	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > 635.00
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Laborers Union Pension-No cash value; defined benefits	H	0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Workman's comp claim	H	Unknown
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > 0.00
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Ford Ranger; subject to lien of Consumer Finance Services	H	4,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 4,000.00
(Total of this page)
Total > 4,635.00

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking account-Amcore Bank	735 ILCS 5/12-1001(b)	200.00	200.00
Savings account-McHenry Federal Credit Union	735 ILCS 5/12-1001(b)	25.00	25.00
Savings account-Fifth Third Bank	735 ILCS 5/12-1001(b)	10.00	10.00
<u>Household Goods and Furnishings</u>			
Miscellaneous household goods & furnishings-debtor's possession	735 ILCS 5/12-1001(b)	0.00	200.00
<u>Wearing Apparel</u>			
Necessary wearing apparel	735 ILCS 5/12-1001(a)	200.00	200.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
Laborers Union Pension-No cash value; defined benefits	735 ILCS 5/12-1006	100%	0.00
<u>Other Liquidated Debts Owing Debtor Including Tax Refund</u>			
Workman's comp claim	735 ILCS 5/12-1001(g)(3) 820 ILCS 305/21	100% 100%	Unknown
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2001 Ford Ranger; subject to lien of Consumer Finance Services	735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)	2,400.00 619.00	4,000.00

Total: 3,454.00 4,635.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Mortgage					
Countrywide Home Loans Attn: Bankruptcy Dept. Post Office Box 5170 Simi Valley, CA 93062-5170		J	8312 Nunda, Wonder Lake, IL					
			Value \$ 140,000.00				138,000.00	0.00
Account No.			Mortgage-Notice only					
Countrywide Home Loans c/o Pierce & Assoc. 1 N. Dearborn Street, #1300 Chicago, IL 60602		J	8312 Nunda Rd., Wonder Lake, IL					
			Value \$ 140,000.00				0.00	0.00
Account No.			Auto loan					
Ford Motor Credit Company Nat'l Bankruptcy Serv. Ctr. Post Office Box 537901 Livonia, MI 48153-7901		J	2003 Ford Taurus; subject to lien of Ford Motor Credit Co.-debtor's possession					
			Value \$ 5,000.00				6,098.00	1,098.00
Account No.			Homeowners Assoc. dues					
Sunrise Ridge Assoc. Post Office Box 664 Wonder Lake, IL 60097		J	8312 Nunda Rd., Wonder Lake, IL					
			Value \$ 140,000.00				284.00	0.00
Subtotal (Total of this page)							144,382.00	1,098.00
Total (Report on Summary of Schedules)							144,382.00	1,098.00

0 continuation sheets attached

In re Jesus M Medellin, Sr.

Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re Jesus M Medellin, Sr.

Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Access Neurocare c/o Medco Financial Assoc. Post Office Box 525 Gurnee, IL 60031	J	Notice only				0.00
Account No. Advanced Cardiology c/o Credit Management Serv. 9525 Sweet Valley Dr. Cleveland, OH 44125	J	Notice only				0.00
Account No. Advanced Cardiology Cons. c/o Transowrld Systems 25 NW Point Blvd., #750 Elk Grove Village, IL 60007	J	Notice only				0.00
Account No. Advanced Cardiology Consultants 915 Center Street, #2002 Elgin, IL 60120-2112	J	Medical services				89.00
Subtotal (Total of this page)						89.00

35 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Advocate Lutheran General Hos. c/o ICS Collection Service Post Office Box 1010 Tinley Park, IL 60477-9110	J					0.00
Account No. Multiple accounts		Medical services				
Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068	J					805.49
Account No.		Notice only				
Affiliated Ear, Nose Throat c/o ACC International 919 Estes Court Schaumburg, IL 60193	J					0.00
Account No.		Medical services				
Affiliated Ent Physicians 2441 Lake Shore Drive Woodstock, IL 60098-6911	J					590.00
Account No. Multiple accounts		Medical services				
Alan M Polse, DDS 2000 Larkin Avenue Elgin, IL 60123	-					283.00
Sheet no. <u>1</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,678.49

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical services				
Alexian Bros Outpatient Group Prac 1650 Moon Lake Blvd. Hoffman Estates, IL 60169-1010	J					1,124.62
Account No.		Medical services				
Alexian Bros Outpatient Group Prac 1650 Moon Lake Blvd. Hoffman Estates, IL 60169-1010	J				X	2,696.39
Account No. Multiple accounts		Medical services				
Alexian Bros. Behavioral Health 21272 Network Place Chicago, IL 60673-1212	J					8,501.46
Account No.						
Alpine Capital Investments c/o Freedman, Anselmo, et al Post Office Box 3228 Naperville, IL 60566	-					7,767.19
Account No.		Overdrawn acct.				
Amcore Bank 501 Seventh Street, Box 1537 Rockford, IL 61110	J					500.00
Sheet no. <u>2</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						20,589.66

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Collection account				
Arrow Financial 5966 W. Touhy Ave Niles, IL 60714	J					1,076.18
Account No.		Notice only				
Arrow Financial c/o Acct. Solutions Group 205 Bryant Woods South Amherst, NY 14228	J					0.00
Account No.		Medical services				
Assoc. In Orthopedic Surgery 1710 N. Randall Rd., #140 Elgin, IL 60123	J					440.00
Account No.		Notice only				
Assoc. in Orthopedic Surgery c/o Transworld Systems 25 NW Point Blvd., #750 Elk Grove Village, IL 60007	J					0.00
Account No. Multiple accounts		Medical services				
Associated Imaging Spec. 1121 Lake Cook Road, #M Deerfield, IL 60015-5234	J					827.00
Sheet no. <u>3</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,343.18

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Associated Imaging Specialist c/o Prof. Med. Collection Agency Post Office Box 1463 Northbrook, IL 60065-1463	J				X	0.00
Account No. Multiple accounts		Medical services				
Associates in Pediatrics, SC 1015 Summit Street Elgin, IL 60120-4362	J					1,052.00
Account No.		Books				
Baby First Book Club 1 Pearl Buck Ct. Bristol, PA 19007	J					12.97
Account No.		Medical services				
Brian M. Wu, MD 6317 Northwest HWY Crystal Lake, IL 60014-7934	J					116.85
Account No.						
Brighter Vision Learning P.O. Box 9038 Buffalo, NY 14269	J					15.98
Sheet no. <u>4</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,197.80

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Canning Law Offices 40 N. Airlite Street, #3 Elgin, IL 60123	J					15,476.17
Account No. Carson Pirie Scott Retail Services Post Office Box 15521 Wilmington, DE 19850-5521	J	Credit card debt				1,078.18
Account No. Carson Pirie Scott c/o Superior Asset, Inc. 1000 Abernathy Rd., #165 Atlanta, GA 30328	J	Notice only				0.00
Account No. Cary J. Bortnick c/o Harvard Collection Serv. 4839 N. Elston Ave. Chicago, IL 60630-2534	J	Notice only				0.00
Account No. Cary J. Bortnick, MD 303 E. Army Trail road, #100 Bloomington, IL 60108	J	Medical services				35.10
Sheet no. <u>5</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 16,589.45

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5491 0428 9476 5202 Chase 800 Brooksedge Blvd. Westerville, OH 43081	J	Credit card debt				11,726.96
Account No. 1412 6138 0702 01227 Chase 800 Brooksedge Blvd. Westerville, OH 43081	J	Credit card debt				6,300.00
Account No. Chase 800 Brooksedge Blvd. Westerville, OH 43081	J	Credit card debt				9,553.36
Account No. Chase c/o FMA Alliance Ltd. 11811 N Freeway, #900 Houston, TX 77060	J	Notice only				0.00
Account No. Chase c/o Robert J. Adams & Assoc. 125 S. Clark Street, #1810 Chicago, IL 60603	J	Notice only				0.00
Sheet no. <u>6</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						27,580.32

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Chase c/o Unifund 10625 Techwoods Circle Cincinnati, OH 45242	J					0.00
Account No. 5187 4804 9004 0183		Credit card debt				
Chase 800 Brooksedge Blvd. Westerville, OH 43081	J					13,933.44
Account No.		Notice only				
Chase c/o Pentagroup 5959 Corporate Drive, #1400 Houston, TX 77036	J					0.00
Account No.		Notice only				
Chase c/o Select Financial Serv. Post Office Box 1070 Jenkintown, PA 19046	J					0.00
Account No.		Notice only				
Chase c/o Michael D. Fine 131 S. Dearborn Street, 5th Fl. Chicago, IL 60603	J					0.00
Sheet no. <u>7</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						13,933.44

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Chase/CACH c/o Arthur B. Adler & Assoc. 25 E. Washington Street, #500 Chicago, IL 60602-9402	J					0.00
Account No.		Notice only				
Chase/Maximus Collections c/o Franks, Gerkin & McKenna Post Office Box 5 Marengo, IL 60152	J					0.00
Account No. 5424 1804 1283 5260		Credit card debt				
Citi P.O. Box 6241 Sioux Falls, SD 57117	J					10,000.00
Account No.		Notice only				
Citi c/o Assoc. Recovery Systems Post Office Box 469046 Escondido, CA 92046	J					0.00
Account No.		Notice only				
Citibank c/o DMK Assoc. Post Office Box 1994 Southgate, MI 48195-0994	J					0.00
Sheet no. <u>8</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						10,000.00

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Citibank c/o Porfessional Medici Collection Post Office Box 1463 Northbrook, IL 60065-1463	J					0.00
Account No.		Notice only				
Citibank c/o Riexinger & Assoc. Post Office Box 956188 Duluth, GA 30095-9504	J					0.00
Account No.		Credit card debt				
Citibank P.O. Box 6003 Hagerstown, MD 21747-6003	J					7,767.19
Account No.		Notice only				
Citibank c/o Freedman Anselmo, et al 1807 W. Diehl Rd., #333 Naperville, IL 60566-7228	J					0.00
Account No. 5424 1804 1283 5263		Credit card debt				
Citibank Post Office Box 2667 Houston, TX 77252-2667	J					10,431.22
Sheet no. <u>9</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						18,198.41

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Citibank c/o Associated Recovery Sys. Post Office Box 469046 Escondido, CA 92046-9046	J					0.00
Account No. 317 719 339		Credit card debt				
Club Express Post Office Box 469100 Escondido, CA 92046-9100	J					254.22
Account No. 3873076104		Services rendered				
ComEd 555 Waters Edge Lombard, IL 60148	J					711.10
Account No.		Notice only				
ComEd c/o Van Ru Credit Corp. 8550 Ulmerton Rd. #225 Largo, FL 33771-5351	J					0.00
Account No.		Notice only				
ComEd c/o Terres Credit Serv. 27 Faiview Street, Box 189 Carlisle, PA 17015-3121	J					0.00
Sheet no. <u>10</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						965.32

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical services				
Ctr for Childrens Digestive Health Post Office Box 88473, Dept. A Chicago, IL 60680-1473	J					183.88
Account No.		Notice only				
Ctr for Childrens Digestive Health c/o ACC International 1175 Devin Drive, #128 North Shores, MI 49441	J					0.00
Account No.		Legal services-Judgment				
David & Associates 231 W. Main Street, #200 Carpentersville, IL 60110	J					1,069.75
Account No.		Medical services				
Delnor Community Hospital Mail Processing Center P.O. Box 739 Moline, IL 61266-0739	J					786.11
Account No.		Notice only				
Delnor Community Hospital c/o KCA Financial Serv. 628 North Street, Box 53 Geneva, IL 60134	J					0.00
Sheet no. <u>11</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,039.74

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6011 0077 9019 2511 Discover 12 Reads Way New Castle, DE 19720-1649	J	Credit card debt				3,472.80
Account No. Discover c/o Encore Receivable Mgmt Post Office Box 3330 Olathe, KS 66063-3330	J	Notice only				0.00
Account No. Discover c/o Redline Recovery Sev. 6464 Savoy Dr, 4th Fl. Houston, TX 77036	J	Notice only				0.00
Account No. Discover c/o Associated Recovery Sys. Post Office Box 469046 Escondido, CA 92046-9046	J	Notice only				0.00
Account No. Ecker Center for Mental Health 1845 Granstand Place Elgin, IL 60123	J	Medical services				468.00
Sheet no. <u>12</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,940.80

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical services				
Elgin Fire Department City of Elgin 150 Dexter Court Elgin, IL 60120	J					375.00
Account No.		Notice only				
Elgin Fire Department c/o Northwest Collectors 3601 Algonquin Rd., #232 Rolling Meadows, IL 60008-3104	J					0.00
Account No.		Medical services				
Elgin Gastroenterology Joseph Losurdo, MD 901 Center Street, Elgin, IL 60120	J					100.00
Account No.		Notice only				
Emergency Care Group c/o TRG Account Post Office Box 6027 Plymouth, MI 48170-0027	J					0.00
Account No. Multiple accounts		Medical services				
Emergency Care Group of IL Post Office Box 1485 Elgin, IL 60121-1485	J					282.80
Sheet no. <u>13</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						757.80

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Medical services				374.00
Family Dentistry of Woodstock 142 Washington Street Woodstock, IL 60098		J					
Account No.			Notice only				0.00
Family Dentistry of Woodstock c/o United Credit Services 15 N. Lincoln Str., Box 740 Elkhorn, WI 53121-0740		J					
Account No. Multiple accounts			Medical services				357.96
Fox Valley Laboratory Phys. Post Office Box 5133 Chicago, IL 60680-5133		J					
Account No.							357.00
Fox Valley Laborers 2400 Big Timber, Bldg. B-206 Elgin, IL 60124		J					
Account No.			Medical services				179.00
Fox Valley Medical Assoc. 2020 Ogden Avenue, #140 Aurora, IL 60504		J					
Sheet no. <u>14</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,267.96

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical services				
Fox Valley Neurology c/o Nothwest Collectors, Inc. 3601 Algonquin Rd., #232 Rolling Meadows, IL 60008-3104	J					38.30
Account No. Multiple accounts		Medical services				
Fox Valley Women's Healthcare 901 Center Street, #102 Elgin, IL 60120	J					219.57
Account No.		Notice only				
Fox Valley Women's Healthcare c/o Medical Recovery Spec. 2250 E. Devon Avenue Des Plaines, IL 60018	J					0.00
Account No.		Medical services				
Gary Magee, MD 400 E. Main Street Barrington, IL 60010	J					27.00
Account No.		Medical services				
General & Vascular Surgery 745 Fletcher Drive, #302 Elgin, IL 60123	J					225.00
Sheet no. <u>15</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						509.87

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Good Shepherd Hospital 450 W Highway 22 Barrington, IL 60010	J	Medical services				12.15
Account No. Multiple accounts Greater Elgin Emergency Phys. Post Office Box 5940 Dept. 20 1105 Carol Stream, IL 60197	J	Medical services				830.95
Account No. Greater Elgin Emergency Phys. c/o Creditors Collection Bureau Post Office Box 63 Kankakee, IL 60901-0063	J	Notice only				0.00
Account No. Multiple accounts Greater Elgin Pain Mgmt Consult. Dept. 4423 Carol Stream, IL 60122-4423	J	Medical services				291.01
Account No. Multiple accounts Guevara Family Physicians 1486 Merchant Drive Algonquin, IL 60102	J	Medical services				1,359.02
Sheet no. <u>16</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,493.13

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Credit card debt				
HSBC Bank 120 Corporate Blvd Norfolk, VA 23502		J					1,390.03
Account No.			Notice only				
HSBC Bank c/o Arrow Financial Serv. 21031 Network Place Chicago, IL 60678-1031		J					0.00
Account No.			Notice only				
HSBC Bank c/o FMA Alliance 11811 N Freeway, #900 Houston, TX 77060		J					0.00
Account No.			Servives				
Hueman Water Conditioning 3607 N. Chapel Hill Rd. Mchenry, IL 60051		J					300.00
Account No.			Medical services				
James Burks, MD 1975 Lin Lor Lane Elgin, IL 60123-4920		J					1.43
Sheet no. <u>17</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,691.46

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. JC Penney Post Office Box 984100 El Paso, TX 79998	J	Credit card debt				657.00
Account No. JC Penney c/o Penncro Assoc. Post Office Box 1878 Southampton, PA 18966	J	Notice only				0.00
Account No. JC Penney c/o Praxis Financial Solutions 7301 N. Lincoln Ave., #110 Lincolnwood, IL 60712-1736	J	Notice only				0.00
Account No. JC Penney c/o Midland Credit Management Dept. 8870 Los Angeles, CA 90084-8870	J	Notice only				0.00
Account No. JC Penney c/o NCO Financial Systems 507 Prudential Rd. Horsham, PA 19044	J	Notice only				0.00
Sheet no. <u>18</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 657.00

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Multiple accounts			Medical services				
Lake/McHenry Pathology Assoc. 520 E. 22nd St. Lombard, IL 60148	J						236.40
Account No.							
Mark D. Uteg 707 W. Main Street Dundee, IL 60118	J						2,250.00
Account No.			Legal services-Judgment				
Mary Ellen Balaguer 1947 Hunter Rd. Dundee, IL 60118	J						2,500.00
Account No.			Notice only				
McHenry Radiologist & Imaging c/o A/R Concepts 33 W. Higgins Rd., #715 Barrington, IL 60010	J						0.00
Account No.			Notice only				
McHenry Radiologists & Imaging c/o Business Revenue Systems Post Office Box 13077 Des Moines, IA 50310-0077	J						0.00
Sheet no. <u>19</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							4,986.40

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Multiple accounts		Medical services				
McHenry Radiologists and Imaging P.O. BOX 220 Mchenry, IL 60051	J					5,437.12
Account No.		Medical services				
McHenry Township Fire Dept. Post Office Box 457 Wheeling, IL 60090	J					430.00
Account No.		Medical services				
Medlink Healthcare Networks 6380 Wilshire Blvd., #900 Los Angeles, CA 90048	J					55.00
Account No.		Notice only				
Medlink Healthcare Networks c/o National Debt Collection Group Post Office Box 202 Van Nuys, CA 91408	J					0.00
Account No.		Notice only				
Medlink Healthcare Networks c/o Paul Michael Assoc. 186-09 Union Turnpike Flushing, NY 11366	J					0.00
Sheet no. <u>20</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,922.12

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Michael S. Shapiro, MD 75 Market Street, #14 Elgin, IL 60123-5021	J	Medical services				31.49
Account No. Multiple accounts Midwest Diagnostic 75 Remittance Dr., #3070 Chicago, IL 60675	J	Medical services				53.90
Account No. Midwest Diagnostic c/o OSI Collection Serv. Post Office Box 964 Brookfield, WI 53008-0964	J	Notice only				0.00
Account No. Mohamed K. Ghumra, MD Access Nuerocare 750 Fletcher Drive, #204 Elgin, IL 60123	J	Medial services				289.82
Account No. Moraine Emergency Phys. c/o Gold Key Credit 625 US Highway 1, #105	J					0.00
Sheet no. <u>21</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 375.21

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Moraine Emergency Phys. c/o NCO Financial Systems 507 Prudential Rd. Horsham, PA 19044	J					0.00
Account No.		Notice only				
Moraine Emergency Phys. c/o Asset Care, Inc. 5100 Peachtree Industrial Blvd. Norcross, GA 30071	J					0.00
Account No.		Notice only				
Moraine Emergency Phys. c/o Medclr, Inc. Post Office Box 17095, Dept. 12 Wilmington, DE 19850	J					0.00
Account No.		Notice only				
Moraine Emergency Phys. c/o PFG of Minnesota 7825 Washington Ave., S #310 Minneapolis, MN 55439-2409	J					0.00
Account No.		Notice only				
Moraine Emergency Phys. c/o West Asset Mgmt. Post Office box 790113 Saint Louis, MO 63179-0113	J					0.00
Sheet no. <u>22</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Moraine Emergency Phys. c/o MiraMed Revenue Group Post Office Box 673789 Detroit, MI 48267-0001	J					0.00
Account No.		Notice only				
Moraine Emergency Phys. c/o OSI Collection Serv. Post Office Box 964 Brookfield, WI 53008-0964	J					0.00
Account No. Multiple accounts		Medical services				
Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759	J					471.00
Account No. Multiple accounts		Medical services				
Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759	J					7,815.10
Account No.		Collection acct.				
NCO Financial Systems 507 Prudential Road Horsham, PA 19044	J					10,861.60
Sheet no. <u>23</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 19,147.70

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 33 77 91 8124	J	Services rendered				1,500.54	
Nicor Bk Dept PO Box 549 Aurora, IL 60507							
Account No.	J	Services rendered				35.00	
Nicor Bk Dept PO Box 549 Aurora, IL 60507							
Account No. Multiple accounts	J	Medical services				16,986.50	
Northern IL Medical Center Post Office Box 1447 Woodstock, IL 60098							
Account No.	J	Notice only				0.00	
Northern IL Medical Center c/o H&R Accounts 7017 John Deere Pkwy Moline, IL 61265							
Account No.	J	Notice only				0.00	
Northern IL Medical Center c/o AAMS 4800 Mills Civic Pkwy, #202 West Des Moines, IA 50265-5265							
Sheet no. <u>24</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	18,522.04

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Northern IL Medical Center c/o OSI Collection Service Post Office Box 959 Brookfield, WI 53008-0959	J					0.00
Account No.		Notice only				
Northwest Diagnostic Services c/o KCA Financial Serv. 628 North Street, Box 53 Geneva, IL 60134	J					0.00
Account No.		Medical services				
Northwest Diagnostics Services 520 E. 22nd Street Lombard, IL 60148	J					1,186.15
Account No.		Medical services rendered				
Northwest Suburban Imaging 34659 Eagle Way Chicago, IL 60668	J					40.00
Account No. Multiple accounts		Medical services				
Northwest Suburban Imaging 34659 Eagle Way Chicago, IL 60668	J					2,092.41
Sheet no. <u>25</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,318.56

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Northwest Suburban Imaging c/o Merchants Credit Guide 223 W. Jackson Blvd. Chicago, IL 60606	J					0.00
Account No.		Notice only				
Northwest Suburban Imaging c/o Tri-County Accts. Bureau Post Office Box 515 Wheaton, IL 60189-0515	J					0.00
Account No.		Medical services				
Open Advanced MRI-Crystal Lake P.O. Box 75341 Baltimore, MD 21275-5341	J					1,210.00
Account No.		Medical services				
Orthopedic & Spine Surgery 2350 Royal Blvd., #200 Elgin, IL 60123	J					35.37
Account No.		Medical services				
Park Ridge Anesthesiology 1775 Dempster Street Park Ridge, IL 60068	J					319.20
Sheet no. <u>26</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,564.57

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Park Ridge Anesthesiology c/o Medical Business Bureau Post Office Box 1219 Park Ridge, IL 60068-7219	J					0.00
Account No. Multiple accounts		Medical services				
Patrick Connor MD P.O. Box 808 Grand Rapids, MI 49518-0808	J					821.00
Account No.		Notice only				
Patrick Connor, MD c/o TRG Account Serv. Post Office Box 6027 48170-0027	J					0.00
Account No.		Medical services				
Peacock Dental Assoc. 320 N. McLean Blvd. Elgin, IL 60123	J					1,011.00
Account No.		Medical services				
Primary Cardiology 1975 Lin Lor Lane, #175 Elgin, IL 60123-4920	J					36.00
Sheet no. <u>27</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,868.00

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Multiple accounts		Medical services				
Quest Diagnostics Attn: Billing Correspondence Unit 1355 Mittel Blvd. Wood Dale, IL 60191	J					283.02
Account No.		Notice only				
Quest Diagnostics c/o American Med. Collection Agency 2269 S.Saw Mill River Rd., Bldg. 3 Elmsford, NY 10523	J					0.00
Account No.		Notice only				
Quest Diagnostics c/o Credit Collection Serv. Post Office Box 55126 Boston, MA 02205-5126	J					0.00
Account No. Multiple accounts		Medical services				
Raul Neumann, DDS 372 Summit Street Elgin, IL 60120-3759	J					388.75
Account No.		Medical services				
Ravi Puri, DDS 372 Summit Street Elgin, IL 60120	J					145.00
Sheet no. <u>28</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						816.77

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Legal services				
Robert Smith Attorney at Law 116 W. Main Street Dundee, IL 60118	J					800.00
Account No.		Medical services				
Roman J. Dykun, MD 1065 Lake Avenue Woodstock, IL 60098	J					590.00
Account No. Multiple accounts		Medical services rendered				
Sherman Hospital 934 Center Street Elgin, IL 60123	J					50,745.54
Account No.		Notice only				
Sherman Hospital c/o Van Ru Credit 10024 Skokie Blvd, #3 Skokie, IL 60077	J					0.00
Account No.		Notice only				
Sherman Hospital c/o Harris & Harris 100 S. Wacker Dr., #225 Chicago, IL 60606	J					0.00
Sheet no. <u>29</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						52,135.54

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Sherman Hospital c/o Malcolm S. Gerald & Assoc. 332 S. Michigan Ave., #514 Chicago, IL 60604	J					0.00
Account No.		Notice only				
Sherman Hospital c/o RPM, Inc. Post Office Box 830913 Birmingham, AL 35283-0913	J					0.00
Account No.		Notice only				
Sherman Hospital c/o Medical Recovery Spec. 2250 E. Devon Ave., #352 Des Plaines, IL 60018	J					0.00
Account No.		Notice only				
Sprint c/o RMS Post Office Box 723001 Atlanta, GA 31139-0001	J					0.00
Account No.		Notice only				
Sprint c/o AFNI, Inc. Post Office Box 3517 Bloomington, IL 61702-3517	J					0.00
Sheet no. <u>30</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Services rendered				562.00
Sprint PCS Post Office Box 8077 London, KY 40742		J					
Account No.			Services rendered				561.81
Sprint PCS Post Office Box 8077 London, KY 40742		J					
Account No. Multiple accounts			Medical services				10,183.17
St. Joseph Hospital 77 N. Airlite Street Elgin, IL 60123		J					
Account No.			Notice only				0.00
St. Joseph Hospital c/o Patient Financial Serv. 2870 Stone Ct., #300 North Liberty, IA 52317		J					
Account No.			Notice only				0.00
St. Joseph Hospital c/o Medical Recovery Spec. 2250 E. Devon Ave., #352 Des Plaines, IL 60018		J					
Sheet no. <u>31</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							11,306.98

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
St. Joseph Hospital c/o Creditors Collection Bureau Post Office Box 63 Kankakee, IL 60901	J					0.00
Account No.		Medical services				
Surgical Assoc. of Fox Valley 690 E. Terra Cotta Ave., #A Crystal Lake, IL 60014	J					290.00
Account No.		Medical services				
Syed Munzir, MD 750 Fletcher Drive, #204 Elgin, IL 60123	J					144.91
Account No.		Medical services				
Tri-City Radiology S.C. 9410 Compubill Dr. Orland Park, IL 60462-4690	J					66.00
Account No.		Medical services				
Valley Emergency Care Post Office Box 9030 Wheeling, IL 60090	J					505.00
Sheet no. <u>32</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,005.91

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
Valley Emergency Care c/o Dennis A. Brebner & Assoc. 860 Northpoint Blvd., Waukegan, IL 60085-8211	J					0.00
Account No.		Notice only				
Verizon c/o KCA Financial Serv. Post Office Box 53 Geneva, IL 60134	J					0.00
Account No.		Notice only				
Verizon c/o CBCS Post Office Box 163250 Columbus, OH 43216-3250	J					0.00
Account No.		Notice only				
Verizon c/o Omnium Worldwide, Inc. 7171 Mercy Rd., Omaha, NE 68106	J					0.00
Account No.		Services rendered				
Verizon North PO Box 920041 Dallas, TX 75392-0041	J					141.59
Sheet no. <u>33</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						141.59

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 263 657 731	J	Credit card debt				1,432.17
Victoria's Secret c/o World Financial Network P.O. Box 182128 Columbus, OH 43218-2128						
Account No.	J	Notice only				0.00
Victoria's Secret c/o Alliance One 1684 Woodlands Dr., #150 Maumee, OH 43537						
Account No.	J	Notice only				0.00
Victoria's Secret c/o Client Services 3451 Harry Truman Blvd. Saint Charles, MO 63301-4047						
Account No.	J	Notice only				0.00
Victoria's Secret c/o Valentine & Kebartas, Inc. Post Office Box 325 Lawrence, MA 01842						
Account No.	J	Notice only				0.00
Victoria's Secret/World Finanical c/o Asset Acceptance Post Office Box 2036 Warren, MI 48090-2036						
Subtotal (Total of this page)						1,432.17

B6F (Official Form 6F) (12/07) - Cont.

In re Jesus M Medellin, Sr., Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.	J	Medical services				624.00	
Wonder Lake Fire Protection Dist. 4300 E. Wonder Lake Rd, Box 447 Wonder Lake, IL 60097							
Account No.	J	Medical services				128.41	
Wonder Lake Vet Clinic 5609 E. Wonder Lake Rd. Wonder Lake, IL 60097							
Account No.	J	Notice only				0.00	
Wonder Lake Vet Clinic c/o Armor Systems Corp. 1700 Kiefer Dr., #1 Zion, IL 60099-5105							
Account No.	J	Medical services				76.00	
Woodstock Eye Care Center 591 S. Eastwood Drive Woodstock, IL 60098							
Account No.	J	Medical services				120.00	
Woodstock Veterinary Clinic 691 Lake Avenue Woodstock, IL 60098							
Sheet no. <u>35</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	948.41
						Total (Report on Summary of Schedules)	250,014.80

B6G (Official Form 6G) (12/07)

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re Jesus M Medellin, Sr. Case No. _____
Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Rachael Medelin 450 Wilcox Avenue Elgin, IL 60123	Various

B6I (Official Form 6I) (12/07)

In re Jesus M Medellin, Sr.

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Divorced	RELATIONSHIP(S): Daughter Son	AGE(S): 7 years 8 years
Employment:	DEBTOR	SPOUSE
Occupation	Laborer	
Name of Employer	Manning Concrete	
How long employed	9 years	
Address of Employer	11804 S. Route 47 Huntley, IL 60142	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 1,084.20	\$ 0.00
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 1,084.20	\$ 0.00
-------------	---------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): _____

\$ 200.96	\$ 0.00
\$ 0.00	\$ 0.00
\$ 29.82	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 230.78	\$ 0.00
-----------	---------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 853.42	\$ 0.00
-----------	---------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

12. Pension or retirement income

13. Other monthly income (Specify): _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
---------	---------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 853.42	\$ 0.00
-----------	---------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 853.42	
-----------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re Jesus M Medellin, Sr.

Debtor(s)

Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,200.00
a. Are real estate taxes included? Yes <u>X</u> No ____		
b. Is property insurance included? Yes <u>X</u> No ____		
2. Utilities:		
a. Electricity and heating fuel	\$	80.00
b. Water and sewer	\$	30.00
c. Telephone	\$	0.00
d. Other _____	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	150.00
5. Clothing	\$	60.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	0.00
8. Transportation (not including car payments)	\$	400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	50.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	323.75
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	100.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other _____	\$	0.00
Other _____	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	2,543.75
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	853.42
b. Average monthly expenses from Line 18 above	\$	2,543.75
c. Monthly net income (a. minus b.)	\$	-1,690.33

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re Jesus M Medellin, Sr.

Debtor(s)

Case No. _____

Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 49 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 26, 2009

Signature /s/ Jesus M Medellin, Sr.

Jesus M Medellin, Sr.

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Illinois, Eastern Division**

In re Jesus M Medellin, Sr.

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$5,421.01	2009-Employment
\$30,336.14	2008-Employment
\$42,676.00	2007-Employment

2. Income other than from employment or operation of business

None

☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$6,400.00	2009-Unemployment compensation
\$3,800.00	2008-Unemployment compensation
\$8,895.00	2007-Unemployment compensation

3. Payments to creditors

None

☐ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None

☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Countrywide Home Loan v. Medellin; Case No.: 08CH1059	Foreclosure	McHenry County, IL	Judgment rendered in favor of plaintiff
Mary Balaguer v Medellin;	Collection/divorce		Judgment rendered in favor of plaintiff
Jesus Medellin v. Rachael E. Medellin; Case No.: 05DK1634	Divorce	Kane County, IL	Judgment for dissolution entered

CAPTION OF SUIT AND CASE NUMBER Maximus Collection v. Medellin; Case No.: 08AR145	NATURE OF PROCEEDING Arbitration	COURT OR AGENCY AND LOCATION McHenry County, IL	STATUS OR DISPOSITION Judgment rendered in favor of plaintiff
Nicor v. Medellin; Case No.: 07SC2106	Small claims	McHenry County, IL	Judgment rendered in favor of plaintiff

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Countrywide Home Loans Attn: Bankruptcy Dept. Post Office Box 5170 Simi Valley, CA 93062-5170	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 2009	DESCRIPTION AND VALUE OF PROPERTY Real estate locate at 8312 Nunda Rd., Wonder Lake, IL
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6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Richard T. Jones Jones & Hart Law Offices 138 Cass Street, Box 1693 Woodstock, IL 60098	2009	Filing fee plus amount stated in fee disclosure

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 26, 2009

Signature /s/ Jesus M Medellin, Sr.
Jesus M Medellin, Sr.
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re Jesus M Medellin, Sr.

Debtor(s)

Case No. _____

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Countrywide Home Loans	Describe Property Securing Debt: 8312 Nunda, Wonder Lake, IL
Property will be (check one): <div style="display: flex; justify-content: space-between;"><input checked="" type="checkbox"/> Surrendered<input type="checkbox"/> Retained</div>	
If retaining the property, I intend to (check at least one): <div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Redeem the property</div><div><input type="checkbox"/> Reaffirm the debt</div><div><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</div></div>	
Property is (check one): <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Claimed as Exempt<input checked="" type="checkbox"/> Not claimed as exempt</div>	

Property No. 2	
Creditor's Name: Ford Motor Credit Company	Describe Property Securing Debt: 2003 Ford Taurus; subject to lien of Ford Motor Credit Co.-debtor's possession
Property will be (check one): <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Surrendered<input checked="" type="checkbox"/> Retained</div>	
If retaining the property, I intend to (check at least one): <div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Redeem the property</div><div><input checked="" type="checkbox"/> Reaffirm the debt</div><div><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</div></div>	
Property is (check one): <div style="display: flex; justify-content: space-between;"><input checked="" type="checkbox"/> Claimed as Exempt<input type="checkbox"/> Not claimed as exempt</div>	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> YES<input type="checkbox"/> NO</div>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date June 26, 2009

Signature /s/ Jesus M Medellin, Sr.
Jesus M Medellin, Sr.
Debtor

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re Jesus M Medellin, Sr.

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>800.00</u>
Prior to the filing of this statement I have received.....	\$	<u>800.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ 299.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

b. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 26, 2009

/s/ Richard Jones

Richard Jones

Jones & Hart

138 Cass St., Box 1693

Woodstock, IL 60098

(815) 334-8220 Fax: (815) 334-8229

richardjones@ameritech.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Richard Jones Printed Name of Attorney Address: 138 Cass St., Box 1693 Woodstock, IL 60098 (815) 334-8220 richardtjones@ameritech.net	X /s/ Richard Jones Signature of Attorney June 26, 2009 Date
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Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Jesus M Medellin, Sr. Printed Name(s) of Debtor(s) Case No. (if known) _____	X /s/ Jesus M Medellin, Sr. Signature of Debtor June 26, 2009 Date X _____ Signature of Joint Debtor (if any) Date
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**United States Bankruptcy Court
Northern District of Illinois, Eastern Division**

In re Jesus M Medellin, Sr. Case No. _____
Debtor(s) Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 176

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: June 26, 2009 /s/ Jesus M Medellin, Sr.
Jesus M Medellin, Sr.
Signature of Debtor

Case 09-23327 Doc 1
Access Neurocare
c/o Medco Financial Assoc.
Post Office Box 525
Gurnee, IL 60031

Filed 06/26/09 Entered 06/26/09 13:52:25 Desc Main Document Page 70 of 75
Alexian Bros. Behavioral Health
21272 Network Place
Chicago, IL 60673-1212

Baby First Book Club
1 Pearl Buck Ct.
Bristol, PA 19007

Advanced Cardiology
c/o Credit Management Serv.
9525 Sweet Valley Dr.
Cleveland, OH 44125

Alpine Capital Investments
c/o Freedman, Anselmo, et al
Post Office Box 3228
Naperville, IL 60566

Brian M. Wu, MD
6317 Northwest HWY
Crystal Lake, IL 60014-7934

Advanced Cardiology Cons.
c/o Transowrld Systems
25 NW Point Blvd., #750
Elk Grove Village, IL 60007

Amcore Bank
501 Seventh Street, Box 1537
Rockford, IL 61110

Brighter Vision Learning
P.O. Box 9038
Buffalo, NY 14269

Advanced Cardiology Consultants
915 Center Street, #2002
Elgin, IL 60120-2112

Arrow Financial
5966 W. Touhy Ave
Niles, IL 60714

Canning Law Offices
40 N. Airlite Street, #3
Elgin, IL 60123

Advocate Lutheran General Hos.
c/o ICS Collection Service
Post Office Box 1010
Tinley Park, IL 60477-9110

Arrow Financial
c/o Acct. Solutions Group
205 Bryant Woods South
Amherst, NY 14228

Carson Pirie Scott
Retail Services
Post Office Box 15521
Wilmington, DE 19850-5521

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

Assoc. In Orthopedic Surgery
1710 N. Randall Rd., #140
Elgin, IL 60123

Carson Pirie Scott
c/o Superior Asset, Inc.
1000 Abernathy Rd., #165
Atlanta, GA 30328

Affiliated Ear, Nose Throat
c/o ACC International
919 Estes Court
Schaumburg, IL 60193

Assoc. in Orthopedic Surgery
c/o Transworld Systems
25 NW Point Blvd., #750
Elk Grove Village, IL 60007

Cary J. Bortnick
c/o Harvard Collection Serv.
4839 N. Elston Ave.
Chicago, IL 60630-2534

Affiliated Ent Physicians
2441 Lake Shore Drive
Woodstock, IL 60098-6911

Associated Imaging Spec.
1121 Lake Cook Road, #M
Deerfield, IL 60015-5234

Cary J. Bortnick, MD
303 E. Army Trail road, #100
Bloomingdale, IL 60108

Alan M Polse, DDS
2000 Larkin Avenue
Elgin, IL 60123

Associated Imaging Specialist
c/o Prof. Med. Collection Agency
Post Office Box 1463
Northbrook, IL 60065-1463

Chase
800 Brooksedge Blvd.
Westerville, OH 43081

Alexian Bros Outpatient Group Prac
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169-1010

Associates in Pediatrics, SC
1015 Summit Street
Elgin, IL 60120-4362

Chase
c/o FMA Alliance Ltd.
11811 N Freeway, #900
Houston, TX 77060

<p>Chase Case 09-23327 Doc 1 c/o Robert J. Adams & Assoc. 125 S. Clark Street, #1810 Chicago, IL 60603</p>	<p>Filed 06/26/09 Entered 06/26/09 13:52:25 Desc Main Document Page 71 of 75 Citibank c/o Professional Medical Collection Post Office Box 1463 Northbrook, IL 60065-1463</p>	<p>Countrywide Home Loans Attn: Bankruptcy Dept. Post Office Box 5170 Simi Valley, CA 93062-5170</p>
<p>Chase c/o Unifund 10625 Techwoods Circle Cincinnati, OH 45242</p>	<p>Citibank c/o Riexinger & Assoc. Post Office Box 956188 Duluth, GA 30095-9504</p>	<p>Countrywide Home Loans c/o Pierce & Assoc. 1 N. Dearborn Street, #1300 Chicago, IL 60602</p>
<p>Chase c/o Pentagroup 5959 Corporate Drive, #1400 Houston, TX 77036</p>	<p>Citibank P.O. Box 6003 Hagerstown, MD 21747-6003</p>	<p>Ctr for Childrens Digestive Health Post Office Box 88473, Dept. A Chicago, IL 60680-1473</p>
<p>Chase c/o Select Financial Serv. Post Office Box 1070 Jenkintown, PA 19046</p>	<p>Citibank c/o Freedman Anselmo, et al 1807 W. Diehl Rd., #333 Naperville, IL 60566-7228</p>	<p>Ctr for Childrens Digestive Health c/o ACC International 1175 Devin Drive, #128 North Shores, MI 49441</p>
<p>Chase c/o Michael D. Fine 131 S. Dearborn Street, 5th Fl. Chicago, IL 60603</p>	<p>Citibank Post Office Box 2667 Houston, TX 77252-2667</p>	<p>David & Associates 231 W. Main Street, #200 Carpentersville, IL 60110</p>
<p>Chase/CACH c/o Arthur B. Adler & Assoc. 25 E. Washington Street, #500 Chicago, IL 60602-9402</p>	<p>Citibank c/o Associated Recovery Sys. Post Office Box 469046 Escondido, CA 92046-9046</p>	<p>Delnor Community Hospital Mail Processing Center P.O. Box 739 Moline, IL 61266-0739</p>
<p>Chase/Maximus Collections c/o Franks, Gerkin & McKenna Post Office Box 5 Marengo, IL 60152</p>	<p>Club Express Post Office Box 469100 Escondido, CA 92046-9100</p>	<p>Delnor Community Hospital c/o KCA Financial Serv. 628 North Street, Box 53 Geneva, IL 60134</p>
<p>Citi P.O. Box 6241 Sioux Falls, SD 57117</p>	<p>ComEd 555 Waters Edge Lombard, IL 60148</p>	<p>Discover 12 Reads Way New Castle, DE 19720-1649</p>
<p>Citi c/o Assoc. Recovery Systems Post Office Box 469046 Escondido, CA 92046</p>	<p>ComEd c/o Van Ru Credit Corp. 8550 Ulmerton Rd. #225 Largo, FL 33771-5351</p>	<p>Discover c/o Encore Receivable Mgmt Post Office Box 3330 Olathe, KS 66063-3330</p>
<p>Citibank c/o DMK Assoc. Post Office Box 1994 Southgate, MI 48195-0994</p>	<p>ComEd c/o Terres Credit Serv. 27 Faiview Street, Box 189 Carlisle, PA 17015-3121</p>	<p>Discover c/o Redline Recovery Sev. 6464 Savoy Dr, 4th Fl. Houston, TX 77036</p>

Ecker Center for Mental Health
1845 Granstand Place
Elgin, IL 60123

Fox Valley Laborers
2400 Big Timber, Bldg. B-206
Elgin, IL 60124

Greater Elgin Pain Mgmt Consult.
Dept. 4423
Carol Stream, IL 60122-4423

Elgin Fire Department
City of Elgin
150 Dexter Court
Elgin, IL 60120

Fox Valley Medical Assoc.
2020 Ogden Avenue, #140
Aurora, IL 60504

Guevara Family Physicians
1486 Merchant Drive
Algonquin, IL 60102

Elgin Fire Department
c/o Northwest Collectors
3601 Algonquin Rd., #232
Rolling Meadows, IL 60008-3104

Fox Valley Neurology
c/o Nothwest Collectors, Inc.
3601 Algonquin Rd., #232
Rolling Meadows, IL 60008-3104

HSBC Bank
120 Corporate Blvd
Norfolk, VA 23502

Elgin Gastroenterology
Joseph Losurdo, MD
901 Center Street,
Elgin, IL 60120

Fox Valley Women's Healthcare
901 Center Street, #102
Elgin, IL 60120

HSBC Bank
c/o Arrow Financial Serv.
21031 Network Place
Chicago, IL 60678-1031

Emergency Care Group
c/o TRG Account
Post Office Box 6027
Plymouth, MI 48170-0027

Fox Valley Women's Healthcare
c/o Medical Recovery Spec.
2250 E. Devon Avenue
Des Plaines, IL 60018

HSBC Bank
c/o FMA Alliance
11811 N Freeway, #900
Houston, TX 77060

Emergency Care Group of IL
Post Office Box 1485
Elgin, IL 60121-1485

Gary Magee, MD
400 E. Main Street
Barrington, IL 60010

Hueman Water Conditioning
3607 N. Chapel Hill Rd.
Mchenry, IL 60051

Family Dentistry of Woodstock
142 Washington Street
Woodstock, IL 60098

General & Vascular Surgery
745 Fletcher Drive, #302
Elgin, IL 60123

James Burks, MD
1975 Lin Lor Lane
Elgin, IL 60123-4920

Family Dentistry of Woodstock
c/o United Credit Services
15 N. Lincoln Str., Box 740
Elkhorn, WI 53121-0740

Good Shepherd Hospital
450 W Highway 22
Barrington, IL 60010

JC Penney
Post Office Box 984100
El Paso, TX 79998

Ford Motor Credit Company
Nat'l Bankrputcy Serv. Ctr.
Post Office Box 537901
Livonia, MI 48153-7901

Greater Elgin Emergency Phys.
Post Office Box 5940
Dept. 20 1105
Carol Stream, IL 60197

JC Penney
c/o Penncro Assoc.
Post Office Box 1878
Southampton, PA 18966

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JC Penney
c/o Praxis Financial Solutions
7301 N. Lincoln Ave., #110
Lincolnwood, IL 60712-1736

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Medlink Healthcare Networks
6360 Wilshire Blvd., #900
Los Angeles, CA 90048

Moraine Emergency Phys.
c/o Medcl, Inc.
Post Office Box 17095, Dept. 12
Wilmington, DE 19850

JC Penney
c/o Midland Credit Management
Dept. 8870
Los Angeles, CA 90084-8870

Medlink Healthcare Networks
c/o National Debt Collection Group
Post Office Box 202
Van Nuys, CA 91408

Moraine Emergency Phys.
c/o PFG of Minnesota
7825 Washington Ave., S #310
Minneapolis, MN 55439-2409

JC Penney
c/o NCO Financial Systems
507 Prudential Rd.
Horsham, PA 19044

Medlink Healthcare Networks
c/o Paul Michael Assoc.
186-09 Union Turnpike
Flushing, NY 11366

Moraine Emergency Phys.
c/o West Asset Mgmt.
Post Office box 790113
Saint Louis, MO 63179-0113

Lake/McHenry Pathology Assoc.
520 E. 22nd St.
Lombard, IL 60148

Michael S. Shapiro, MD
75 Market Street, #14
Elgin, IL 60123-5021

Moraine Emergency Phys.
c/o MiraMed Revenue Group
Post Office Box 673789
Detroit, MI 48267-0001

Mark D. Uteg
707 W. Main Street
Dundee, IL 60118

Midwest Diagnostic
75 Remittance Dr., #3070
Chicago, IL 60675

Moraine Emergency Phys.
c/o OSI Collection Serv.
Post Office Box 964
Brookfield, WI 53008-0964

Mary Ellen Balaguer
1947 Hunter Rd.
Dundee, IL 60118

Midwest Diagnostic
c/o OSI Collection Serv.
Post Office Box 964
Brookfield, WI 53008-0964

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

McHenry Radiologist & Imaging
c/o A/R Concepts
33 W. Higgins Rd., #715
Barrington, IL 60010

Mohamed K. Ghumra, MD
Access Nuerocare
750 Fletcher Drive, #204
Elgin, IL 60123

NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

McHenry Radiologists & Imaging
c/o Business Revenue Systems
Post Office Box 13077
Des Moines, IA 50310-0077

Moraine Emergency Phys.
c/o Gold Key Credit
625 US Highway 1, #105

Nicor
Bk Dept
PO Box 549
Aurora, IL 60507

McHenry Radiologists and Imaging
P.O. BOX 220
Mchenry, IL 60051

Moraine Emergency Phys.
c/o NCO Financial Systems
507 Prudential Rd.
Horsham, PA 19044

Northern IL Medical Center
Post Office Box 1447
Woodstock, IL 60098

McHenry Township Fire Dept.
Post Office Box 457
Wheeling, IL 60090

Moraine Emergency Phys.
c/o Asset Care, Inc.
5100 Peachtree Industrial Blvd.
Norcross, GA 30071

Northern IL Medical Center
c/o H&R Accounts
7017 John Deere Pkwy
Moline, IL 61265

Northern IL Medical Center
c/o AAMS
4800 Mills Civic Pkwy, #202
West Des Moines, IA 50265-5265

Park Ridge Anesthesiology
c/o Medical Business Bureau
Post Office Box 1219
Park Ridge, IL 60068-7219

Raul Puri, DDS
372 Summit Street
Elgin, IL 60120

Northern IL Medical Center
c/o OSI Collection Service
Post Office Box 959
Brookfield, WI 53008-0959

Patrick Connor MD
P.O. Box 808
Grand Rapids, MI 49518-0808

Robert Smith
Attorney at Law
116 W. Main Street
Dundee, IL 60118

Northwest Diagnostic Services
c/o KCA Financial Serv.
628 North Street, Box 53
Geneva, IL 60134

Patrick Connor, MD
c/o TRG Account Serv.
Post Office Box 6027
48170-0027

Roman J. Dykun, MD
1065 Lake Avenue
Woodstock, IL 60098

Northwest Diagnostics Services
520 E. 22nd Street
Lombard, IL 60148

Peacock Dental Assoc.
320 N. McLean Blvd.
Elgin, IL 60123

Sherman Hospital
934 Center Street
Elgin, IL 60123

Northwest Suburban Imaging
34659 Eagle Way
Chicago, IL 60668

Primary Cardiology
1975 Lin Lor Lane, #175
Elgin, IL 60123-4920

Sherman Hospital
c/o Van Ru Credit
10024 Skokie Blvd, #3
Skokie, IL 60077

Northwest Suburban Imaging
c/o Merchants Credit Guide
223 W. Jackson Blvd.
Chicago, IL 60606

Quest Diagnostics
Attn: Billing Correspondence Unit
1355 Mittel Blvd.
Wood Dale, IL 60191

Sherman Hospital
c/o Harris & Harris
100 S. Wacker Dr., #225
Chicago, IL 60606

Northwest Suburban Imaging
c/o Tri-County Accts. Bureau
Post Office Box 515
Wheaton, IL 60189-0515

Quest Diagnostics
c/o American Med. Collection Agency
2269 S.Saw Mill River Rd., Bldg. 3
Elmsford, NY 10523

Sherman Hospital
c/o Malcolm S. Gerald & Assoc.
332 S. Michigan Ave., #514
Chicago, IL 60604

Open Advanced MRI-Crystal Lake
P.O. Box 75341
Baltimore, MD 21275-5341

Quest Diagnostics
c/o Credit Collection Serv.
Post Office Box 55126
Boston, MA 02205-5126

Sherman Hospital
c/o RPM, Inc.
Post Office Box 830913
Birmingham, AL 35283-0913

Orthopedic & Spine Surgery
2350 Royal Blvd., #200
Elgin, IL 60123

Rachael Medelin
450 Wilcox Avenue
Elgin, IL 60123

Sherman Hospital
c/o Medical Recovery Spec.
2250 E. Devon Ave., #352
Des Plaines, IL 60018

Park Ridge Anesthesiology
1775 Dempster Street
Park Ridge, IL 60068

Raul Neumann, DDS
372 Summit Street
Elgin, IL 60120-3759

Sprint
c/o RMS
Post Office Box 723001
Atlanta, GA 31139-0001

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c/o AFNI, Inc. Valley Emergency Care Victoria's Secret World Financial
Post Office Box 3517 Post Office Box 9099 c/o Asset Acceptance
Bloomington, IL 61702-3517 Wheeling, IL 60090 Post Office Box 2036
Warren, MI 48090-2036

Sprint PCS Valley Emergency Care Wonder Lake Fire Protection Dist.
Post Office Box 8077 c/o Dennis A. Brebner & Assoc. 4300 E. Wonder Lake Rd, Box 447
London, KY 40742 860 Northpoint Blvd., Wonder Lake, IL 60097
Waukegan, IL 60085-8211

St. Joseph Hospital Verizon Wonder Lake Vet Clinic
77 N. Airlite Street c/o KCA Financial Serv. 5609 E. Wonder Lake Rd.
Elgin, IL 60123 Post Office Box 53 Wonder Lake, IL 60097
Geneva, IL 60134

St. Joseph Hospital Verizon Wonder Lake Vet Clinic
c/o Patient Financial Serv. c/o CBCS c/o Armor Systems Corp.
2870 Stone Ct., #300 Post Office Box 163250 1700 Kiefer Dr., #1
North Liberty, IA 52317 Columbus, OH 43216-3250 Zion, IL 60099-5105

St. Joseph Hospital Verizon Woodstock Eye Care Center
c/o Medical Recovery Spec. c/o Omnium Worldwide, Inc. 591 S. Eastwood Drive
2250 E. Devon Ave., #352 7171 Mercy Rd., Woodstock, IL 60098
Des Plaines, IL 60018 Omaha, NE 68106

St. Joseph Hospital Verizon North Woodstock Veterinary Clinic
c/o Creditors Collection Bureau PO Box 920041 691 Lake Avenue
Post Office Box 63 Dallas, TX 75392-0041 Woodstock, IL 60098
Kankakee, IL 60901

Sunrise Ridge Assoc. Victoria's Secret
Post Office Box 664 c/o World Financial Network
Wonder Lake, IL 60097 P.O. Box 182128
Columbus, OH 43218-2128

Surgical Assoc. of Fox Valley Victoria's Secret
690 E. Terra Cotta Ave., #A c/o Alliance One
Crystal Lake, IL 60014 1684 Woodlands Dr., #150
Maumee, OH 43537

Syed Munzir, MD Victoria's Secret
750 Fletcher Drive, #204 c/o Client Services
Elgin, IL 60123 3451 Harry Truman Blvd.
Saint Charles, MO 63301-4047

Tri-City Radiology S.C. Victoria's Secret
9410 Compubill Dr. c/o Valentine & Kebartas, Inc.
Orland Park, IL 60462-4690 Post Office Box 325
Lawrence, MA 01842